MEDICAL ALLEY ASSOCIATION

September 10, 2018

Via Electronic Submission to www.regulations.gov
(WC Docket No. 18-213)

Secretary Marlene Dortch
Federal Communications Commission
445 12th Street SW, Room TW-A325
Washington, DC 20554

Re: Goals and Structure of Connected Care Pilot Program

Thank you for the opportunity to comment on the Federal Communication Commission's (the "Commission") proposed Connected Care Pilot Program (the "Pilot Program"). We applaud this effort to support the delivery of health services to patients beyond the doors of a brick-and-mortar facility. Medical Alley has a rich history for innovative healthcare delivery – including being the home of the world-famous Mayo Clinic – and the development of telemedicine, remote monitoring, and digital healthcare is no different. Every day, innovators in Medical Alley are working on new ways to make it easier and more affordable for patients to get the quality healthcare they need.

Our comments will focus on three key points. First, the types of benefits health consumers can derive through increased access to broadband-enabled telehealth applications. Second, how the Pilot Program can help decrease out-of-pocket expenses (and save time) for remote patients. Last, how the regulatory regime in certain states – including Minnesota – make them a more natural choice for this type of program.

Benefits to Health Consumers

Medical Alley companies are on the leading edge of developing telemedicine and remote monitoring technologies that improve access, cost, and outcomes for health consumers. While many people still think of telemedicine as sitting in a room with a connected television with a doctor on the other side, fortunately, remote care is now far more dynamic than that.

The range of solutions in this space varies from a new concept to an effective update to a traditional health apparatus. Here a few brief examples. Zipnosis developed a virtual care platform for use by healthcare systems. Their online adaptive interviews allow providers to diagnose and develop a treatment plan in minutes, and their technology also allows for real-time connections between providers and patients – either via video, phone, or text chat. Zipnosis' platform is easy for patients to use and allows clinicians to be more efficient, all while delivering high quality care.

POPS! Diabetes Care developed a way to check your insulin levels using your cell phone and a small attachment. The app can then alert others – including your spouse or doctor – affording them the opportunity to make suggestions and generally help in the patient's diabetes care. The results of sustained use are fewer complications, healthier people, and reduced healthcare costs.

Another innovative telehealth company in Medical Alley is vidscrip. Their solution gives patients access to videos recorded by their doctor answering questions relevant to their treatment and care. This allows

patients to get answers to basic questions of how to manage their health conditions from their own doctor without needing to wait for an appointment or a return phone call from a nurse.

There are many, many more. Plethy's Recupe solution includes a wearable sensor that syncs with a mobile app and web-based dashboard that allows for direct communication with the patient's care team. MyMeds is a mobile or web-based app that can sync with your health plan, auto-populate all medications securely, and remind patients to take them in a timely fashion. DOSE Health is another take on medication adherence: It is a smart pillbox that not only reminds patients of when to take their medications, but also syncs with an app notifying caregivers and loved ones when pills are – or are not – dispensed.

All of these digital innovations have one thing in common – they make access to care and remote monitoring easier and more effective. They also all require data or broadband connections to be effective. Health consumers benefit greatly from access to these types of innovations and the Pilot Program is one way to increase access to them.

Reduce out-of-pocket expenses for remote patients

The increased use of telemedicine and remote monitoring will have a positive impact on reducing out-of-pocket expenses for remote patients.

The population in rural areas is declining across the country, and Minnesota's rural population is no exception. This has – and will continue to have – a number of impacts, including the reduction of health services at, and potential outright closures of, rural hospitals.

At the same time, the average age of people living in rural areas is increasing. According to data from the Minnesota State Demographic Center, people living in rural and small town Minnesota are twice as likely to be over 80 years old than their urban counterparts. This number is likely to increase in the coming years, as the next age group, ages 65-79, also live in higher shares in rural Minnesota.

These two demographic factors present challenges for health care delivery. Older citizens are more likely to need regular checkups and care. However, the overall population decline and resulting loss of health services can result in many of these older Minnesotans living dozens of miles away from their nearest health center. This means they either have to drive themselves or find transportation. Many times this means their friends, spouses, or children have to time off of work – potentially several times a month. Often older residents are on a fixed income and cannot afford to take time off of work or spend the additional money in gas, resulting in them receiving infrequent or no care at all.

Older residents of rural areas are not the only ones impacted. Pregnant women, parents with children, people who have chronic illnesses, and those recovering from surgeries all may need to make several trips to a doctor monthly. This means many hours or days off of work, extra money spent on gas, and – if the trip is far enough – stays at a hotel or meals at restaurants. These out-of-pockets costs are not regularly considered when calculating healthcare costs, but they are a part of receiving care all the same.

Further, many of these trips often are unneeded. Increasing access to, and the use of, telemedicine and remote monitoring enables physicians to catch patient problems in advance. This can prevent a condition from getting worse or correct it early enough that in-person visits are no longer necessary. It can also cut down on the number, or necessity, of visits from a nurse to the patient's home for treatment or checkups.

As mentioned earlier, Medical Alley companies are continuing to develop solutions around remote access to care. Their goal is to improve access and reduce costs, while delivering the high-quality care patients expect and need. Out-of-pocket costs are just another way these innovations are improving the care and lives of patients in Minnesota and throughout the country.

States favorable towards telemedicine a more natural choice

The Commission requested comment on whether federal, state, or local regulatory barriers should be considered in designing the pilot program. The Commission cited examples such as a prohibition or limitation on cross-state practice or other regulations that should be considered. We believe that the Commission should prioritize grants through the Pilot Program to states that have prioritized telemedicine and have reimbursement parity. Minnesota is one of these states.

Minnesota has a history of supporting telemedicine and evaluations from highly respected national organizations reflect Minnesota's commitment to it: The American Telemedicine Association awarded Minnesota an 'A' for physician practice standards and licensure and its highest overall composite grade. Minnesota is one of only eight states that accepts a conditional or telemedicine license from out-of-state physicians. Recently enacted state policies emphasize Minnesota's support: In 2015, the state enacted reimbursement parity for telemedicine consultations.

Remote patient monitoring is one area where Minnesota's policies do need improvement. One way to structure the program would be to award a grant from the Pilot Program contingent on the state approving at least its own pilot program to improve reimbursement for remote monitoring. This would enable the state and federal government to achieve multiple goals at once: improve broadband access, increase access to healthcare in rural and remote areas, likely reduce healthcare and related out-of-pocket costs and improve health outcomes, and give the state meaningful data on remote monitoring for full-scale implementation. Minnesota has shown a willingness to reform and improve its telemedicine laws. The Pilot Program would be another way to move healthcare in Minnesota the right direction.

Conclusion

We encourage the Commission to create the Pilot Program and to strongly consider Minnesota as a recipient for a grant.

Sincerely,

Shaye Mandle
President & CEO
Medical Alley Association